

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26346

1. PLACE OF DEATH

County JacksonRegistration District No. 300Township KawPrimary Registration District No. 1000City Kansas City(No. 3207 Washington)File No. 3468Registered No. 3468St. Ward) 2. FULL NAME Mrs. Delia Halligan(a) Residence, No. 3207 WashingtonSt. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Michael M. Halligan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16th. 1861

7. AGE YEARS <u>72</u>	MONTHS <u>4</u>	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min. <u> </u>
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland13. NAME No Data14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data15. MAIDEN NAME No Data16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data17. INFORMANT Miss May Halligan (ADDRESS) 3207 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cem. DATE 9/2/3319. UNDERTAKER W. F. Mayberry (ADDRESS) City20. FILED 9-1- 1933 M. M. Brown Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31st. 193322. I HEREBY CERTIFY, that I attended deceased from 22 Aug 33 to 2-31 1933I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1. PM

The principal cause of death and related causes of importance were as follows:

Pneumonia
Lobar
Aug 28

Other contributory causes of importance: Asymptomatic
Chronic
NeuritisName of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.(Address)

Chas. B. Bly.

No 4929

1730 to 330